



**APPLICATION FORM INSTRUCTIONS
FOR UNITED STATES ACADEMY NOMINATIONS
CONGRESSMAN DANIEL B. MAFFEI**

DEADLINE for this application is FRIDAY, OCTOBER 17, 2014
No late applications will be considered after this date.

INSTRUCTIONS:

- Please print or type when completing this form
- Do not leave any line on this form blank; place an “X” on lines that are not applicable.
- **Return this form along with:**
 - 3 letters of recommendation and/or recommendation form. One letter/form must be from your guidance counselor or principal (letters/forms from vice principals will NOT be accepted). Each letter/form must be **SEALED** in an envelope with the **recommender’s signature written across the seal**.
 - An **official** high school transcript (signed and submitted in a sealed envelope),
 - Your SAT, ACT, or PSAT score reports (scores listed on an official transcript are acceptable)¹
 - A 250-300 word essay on why you wish to attend the academy of your choice.
 - *Optional* - a resume or activity list detailing extracurricular activities.
- Submit all items in an envelope. Your file is considered complete when my office receives all items before the deadline.

¹ *New SAT/ACT/PSAT score are the only materials that will be accepted after the deadline date.*

RETURN ALL MATERIALS TO:

Congressman Daniel B. Maffei
100 N. Salina Street
1 Clinton Square
Syracuse, NY 13202

(You do not need to return this instruction page. Detach and retain for your records.)

If you have any questions, please do not hesitate to call the Syracuse District Office at (315)423-5657

ATTACH PHOTO

HERE

RETURN TO:

Congressman Daniel B. Maffei
100 N. Salina Street
1 Clinton Square
Syracuse, NY 13202

****APPLICATION FORM FOR UNITED STATES SERVICE ACADEMY NOMINATION****

DEADLINE for this application and all materials is **FRIDAY, OCTOBER 17, 2014.**

NO late applications or materials will be considered after this date.

INSTRUCTIONS:

- Please print or type when completing this form.
- *Do not* leave any line on this form blank; place an “X” on lines that are not applicable.

1. PHOTO: Please attach a recent photo in the upper left corner (preferably 2 ¼” x 3 ¼”).

2. NAME: _____
(Type or print as recorded on birth certificate)

3. SOCIAL SECURITY NUMBER: _____ - _____ - _____

4. PERMANENT ADDRESS:

5. TEMPORARY ADDRESS (if applicable):

6. PERMANENT TELEPHONE NUMBER AND AREA CODE: _____ - _____ - _____

Student cell telephone number (optional): _____ - _____ - _____

Student e-mail: (optional): _____

7. SERVICE ACADEMY- Please indicate the Academy(s) for which you are requesting a nomination through Congressman Maffei.

_____ U.S. Military Academy

_____ U.S. Air Force Academy

_____ U.S. Naval Academy

_____ U.S. Merchant Marine Academy

8. NAMES of PARENTS: _____

9. DATE and PLACE of BIRTH: _____
(Date) (Place)

10. NAME and ADDRESS of HIGH SCHOOL: _____
(Name)

(Address)

11. NAME and ADDRESS of COLLEGE OR PREP SCHOOL (if applicable):

(Name)

(Address)

12. DATE OF GRADUATION: _____

13. APPROXIMATE CLASS RANKING: _____

14. APPROXIMATE GRADE POINT AVERAGE: _____

15. STANDARDIZED TEST SCORES (record highest if taken more than once):

SAT CR _____ M _____ ACT Composite _____
SAT II _____

16. VISION: Uncorrected Visual Acuity
 Required Right (____/____) Left (____/____)

17. I AM ALSO SEEKING A NOMINATION THROUGH:

18. I HAVE PREVIOUSLY SOUGHT A NOMINATION THROUGH:

WHO: _____ WHAT: _____ RESULTS: _____

19. EMPLOYMENT (if applicable):

Hours/ Week - After School _____ Summer _____

Place of employment and Job Description: _____

20. EXTRACURRICULAR ACTIVITIES – **HIGH SCHOOL ACTIVITIES ONLY:**

(Indicate grade(s) for all that apply)

<input type="checkbox"/> Boys' State/ Boys' Nation	<input type="checkbox"/> Language Club
<input type="checkbox"/> Girls' State/Girls' Nation	<input type="checkbox"/> Officer, Non- School Club
<input type="checkbox"/> President of Student Gov't. Office	<input type="checkbox"/> Church Club
<input type="checkbox"/> President of Class	<input type="checkbox"/> School Band/ Chorus
<input type="checkbox"/> Other Class Office	<input type="checkbox"/> Jr. ROTC Officer
<input type="checkbox"/> Student Council Member	<input type="checkbox"/> Jr. ROTC
<input type="checkbox"/> Yearbook/Newspaper	<input type="checkbox"/> Editor, School Publication
<input type="checkbox"/> Eagle Scout	<input type="checkbox"/> National Honor Society
<input type="checkbox"/> Girl Scout	<input type="checkbox"/> Boy Scout
<input type="checkbox"/> Key Club	<input type="checkbox"/> Community Award (explain)
<input type="checkbox"/> Officer, School Club	
<input type="checkbox"/> Other (explain) _____	

* You may attach a resume or activity list to elaborate further.*

21. ATHLETIC PARTICIPATION **(HIGH SCHOOL ONLY)**

Sport: _____ Years participated (circle grades) 9 10 11 12

Position: _____ Captain? If yes, what years? : _____

Varsity: _____ Letters (JV or Varsity): _____

Awards/ Honors: _____

Sport: _____ Years participated (circle grades) 9 10 11 12

Position: _____ Captain? If yes, what years? : _____

Varsity: _____ Letters (JV or Varsity): _____

Awards/ Honors: _____

You may elaborate further on an attached sheet if necessary

I, the undersigned, declare that the information I have provided on this application is true, correct, and complete to the best of my knowledge and belief.

_____ Date: _____

CANDIDATE RECOMMENDATION FORM

The Honorable Daniel B. Maffei – Service Academy Nominations

The DEADLINE for this application is FRIDAY, OCTOBER 17, 2014

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***NOTE TO CANDIDATE:** Please enter your name and legal residence below. Deliver or mail this form to the person who will write your recommendation. Ask your recommender to enclose this form and/ or a letter they have written on your behalf **in a sealed envelope, signed across the seal, and return it to you. DO NOT open this envelop or break the seal.** Submit the sealed envelope with the rest of your nomination application materials to Congressman Maffei's office.

1. Name of Applicant: _____
Last First M.I.

Legal Residence: _____
State County

*** NOTE TO RECOMMENDER:** The person whose name appears above is applying for admission to one of the United States Service Academies. The purpose of the academies is to provide a college education leading to a career as an officer. The questions below suggest the kind of information that would be helpful in the selection process, but this form is provided for your convenience only, and we welcome your comments in whatever format you think suitable. Federal and state laws may require that all admissions material be shown to a student upon request. We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.

This recommendation is to be mailed to the applicant in a sealed envelope. Please seal and sign the back flap on the envelope; the recommendation will be submitted unopened by the candidate with his/her application.

2. How long have you known the applicant and in what connection?

3. What do you consider the applicant's talents or strengths?

4. What do you consider the applicant's weaknesses?

5. Do you know of any personal circumstances or conditions that might affect the applicant's performance at the Academy?

6. Please give us your appraisal in terms of the qualities listed below. Leave blank those that you have no information about.

	Outstanding Top 2%	Superior Top 5%	Excellent Top 15%	Good Top 1/3	Average Mid 1/3	Poor Bottom 1/3
Intellectual Ability						
Ability to work With others						
Leadership Qualities						
Imagination & Creativity						
Motivation						
Maturity						
Overall Character						

7. Please comment on the ratings that you have assigned in #6 and make any additional statement about the applicant's record, potential, or personal qualities which you believe would be helpful to the Congressman in considering this person's application for one of the service academies.

****PLEASE RETURN THIS FORM AS SOON AS POSSIBLE DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE SIGNED ACROSS THE SEAL.**

Recommender's Signature:

-

Recommender's Name:

Position or Title:

School or Firm:

Address:

(Street)

(City)

(State)

(Zip)

(County)

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